



3-9-06

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HDP/SB/21 based on PTO/SB/21 (08-00)

Please type plus sign (+) inside this box → ☒**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/712,547	
	<b>Filing Date</b>	November 13, 2003	
	<b>First Named Inventor</b>	Yogo et al.	
	<b>Group Art Unit</b>	3732	
	<b>Examiner Name</b>	Zoila E. Cabrera	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	2486-000001

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return postcard</b>
<b>Remarks</b>		<b>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</b>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Harness, Dickey & Pierce, P.L.C.	<b>Attorney Name</b>	DEAN W. AMBURN	<b>Reg. No.</b>	46,517
<b>Signature</b>					
<b>Date</b>	March 8, 2006				

**CERTIFICATE OF MAILING/TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
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<b>Signature</b>		<b>Date</b>	March 8, 2006

EV 853 855 785 US



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/712,547  
Filing Date: November 13, 2003  
Applicant: Teruaki Yogo et al.  
Group Art Unit: 2125  
Examiner: Zoila E. Cabrera  
Title: A System and Process for Creating Custom Fit Artificial  
Fingernails Using a Non-Contact Optical Measuring  
Device  
Attorney Docket: 2486-000001

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT**

Sir:

In response to the Final Office Action mailed December 29, 2005, please amend the application as follows and consider the remarks set forth below.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 11 of this paper.